

Utah Health Exchange Large Group Pilot Health Plan Options

09/09/10

Benefit Provisions	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Preventive Benefits	ACA Mandated	ACA Mandated	ACA Mandated	ACA Mandated	ACA Mandated	ACA Mandated
Deductible		HDHP	HDHP	HDHP		
Single	\$ 1,000	\$ 1,200	\$ 2,500	\$ 3,000	\$ 500	\$ 2,000
Two-Party	\$ 2,000	\$ 2,400	\$ 5,000	\$ 6,000	\$ 1,000	\$ 4,000
Family	\$ 2,000	\$ 2,400	\$ 5,000	\$ 6,000	\$ 1,500	\$ 4,000
Max. Deduct. per Family	2x	n/a	n/a	n/a	3x	2x
Deductible Waiver	Yes	No	No	No	Yes	Yes
Out of Pocket Maximum (includes deductible)						
Single	\$ 3,000.00	\$ 3,600.00	\$ 5,000.00	\$ 3,000.00	\$ 3,000.00	\$ 4,000.00
Two-Party	\$ 6,000.00	\$ 7,200.00	\$ 10,000.00	\$ 6,000.00	\$ 6,000.00	\$ 8,000.00
Employee + Child	\$ 6,000.00	\$ 7,200.00	\$ 10,000.00	\$ 6,000.00	\$ 6,000.00	\$ 8,000.00
Family	\$ 6,000.00	\$ 7,200.00	\$ 10,000.00	\$ 6,000.00	\$ 6,000.00	\$ 8,000.00
Lifetime Plan Maximum	None	None	None	None	None	None
Pre-existing Limitation	TBD	TBD	TBD	TBD	TBD	TBD
Office Visits	\$25.00	80% A.D.	80% A.D.	100% A.D.	\$25.00	\$30.00
Inpatient Hospital	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
Inpatient Surgery	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
Outpatient Surgery	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
Emergency Room	\$200 A.D.	80% A.D.	80% A.D.	100% A.D.	\$200 A.D.	\$200 A.D.
Ambulance	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
DME	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
Mental Health						
Office Visits	\$25.00	80% A.D.	80% A.D.	100% A.D.	\$25.00	\$30.00
Inpatient	80% A.D.	80% A.D.	80% A.D.	100% A.D.	80% A.D.	80% A.D.
Prescriptions						
30 Day Supply	\$10/\$25/\$45	80% A.D.	80% A.D.	100% A.D.	\$10/\$25/\$45	\$10/\$25/\$45
90 Day Supply	\$10/\$50/\$135	80% A.D.	80% A.D.	100% A.D.	\$10/\$50/\$135	\$10/\$50/\$135
Rx Deductible	\$350	n/a	n/a	n/a	\$0	\$350

*Benefits shown in bold have been identified as areas of some variance amongst the UHE carriers